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27916 7590 08/22/2005

**VERTEX PHARMACEUTICALS INC.**  
**130 WAVERLY STREET**  
**CAMBRIDGE, MA 02139-4242**

11/22/2005 TBESHAM2 00000095 500725 10688613

01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<b>Lisa Romano</b>	(Depositor's name)
	(Signature)
<b>November 21, 2005</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/688,613	10/17/2003	Michael Hale	VPI/00-102 CON DIV3 US	2448

TITLE OF INVENTION: PYRAZOLE COMPOSITIONS USEFUL AS INHIBITORS OF ERK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/22/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LAMBKIN, DEBORAH C	1626	514-422000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Karen E. Brown**  
**Vertex Pharmaceuticals**  
**Incorporated**  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Vertex Pharmaceuticals**  
**Incorporated**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cambridge, Massachusetts 02139

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

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☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **50-0725** (enclose an extra copy of this form).

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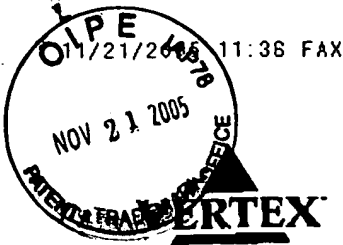
- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Karen E. BrownDate November 21, 2005Typed or printed name Karen E. BrownRegistration No. 43,866

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001/003

Vertex Pharmaceuticals Incorporated  
130 Waverly Street • Cambridge, MA 02139-4242  
Tel. 617.444.6100 • Fax 617.444.6483  
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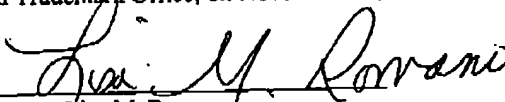
## Fax Message

<b>TO:</b>	Examiner: Deborah C. Lambkin
<b>APPLICATION NO.:</b>	10/688,613
<b>CONFIRMATION NO.:</b>	2448
<b>GROUP ART UNIT.:</b>	1626
<b>FAX:</b>	(571) 273-2885
<b>FROM:</b>	Karen E. Brown
<b>DATE:</b>	November 21, 2005
<b>SUBJECT:</b>	Attorney Docket No. VPI/00-102 CON DIV 3 US Issue Fee
<b>TOTAL # OF PAGES:</b>	3

Message or Comment:

### CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, and any documents referred to as attached hereto, is being facsimile transmitted to the United States Patent and Trademark Office, on November 21, 2005.

  
Lisa M. Romano

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**FAX Number (617) 444-6483 Legal Department**

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